

State of Washington Application for a Water Right Permit

SURFACE WATER GROUND WATER
Permanent Temporary Short Term
Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM THE DEPARTMENT OF ECOLOGY MUST		
Section 1. APPLICANT		
Applicant/Business Name: Agriculture	Phone No:	Other No:
Address: Po Pay 446		
City: Pateros	State: WA	Zip: 98846
Email Address (optional):	MACS. Com	
Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		
Anticipated length of time to complete your project:	only) Acre-Feet per (CFS) Year (AF/YR)	et quantity required for each. Period of Use (Continuously or Seasonal)
☐ I Gallons per Minute (G	PM) (If known)	Seasonal
TOTAL: 1400	647	Reseasions
	nt Permit	
s this a request for a short term project (less than four mon		YES NO
s this request for a temporary permit? YES NO	0,	1,135
f yes to either question above, indicate the dates that the w	rater will be needed:	YES □ NO 64 35
FROM:/TO://		
For Beology APPLICATION NO: 64-35/96		SEPA: Exempt/Not/Exempt
Fee Paid: 07/03/08 Check No: 64493	BCY Coding: 00	1-001-WR1-0285-000011
Date Returned By Priority Date 🕡	7-05-2-08By	WRIA: 47 OKANOOM

	Complete A or B, and C below A.) If Surface Water Source					B.) If Ground Water Source		
☐ Spring ☐ Creek ☐ River ☐ Lake ☐ Other:				D	Well(s) Other:			
Source 1	Name:					Well diameter & depth:		
ributary	y to:				N	Number of proposed points of withdrawal:		
				1	Do you have an existing well? YES NO If available, attach Water Well Report and pump test.			
Number of proposed diversion points: Do you have an existing diversion? YES NO				_	Well Tag ID No			
C.) Poir	nt of Diversio	on/Witl	ndrawa	l – Legal I	6040404040404040404			_
Pa	arcel No.	1/4	1/4	Section				County
	Lot(s)	-	Block		30	23 Subdivision	<u>OK</u> ai	sogan
			C C		- £ 1'		14-4	est section corner:
	Lot(s)		NE	3i ₆	Townsh 30	ip Range 23 Subdivision	OK	anogan
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	Lot(s)	_	Block	(S)	-	Subdivision		
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Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

A.) Domestic Water Systems only A.) Domestic Water Systems only (defined under RCW 90.03.01.5) Present population to be served: [Fype of connections: [(a.g., home., racreational cabin] [C.) Water System Planning Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? [I YES] NO If yes, date plan was approved	arasiba yang aranagad water mutam Grahuda tura a	and size of devices used to divert or withdraw water from
Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION Complete A or B, and C below A.) Domestic Water Systems only (defined under ICW 90.03.015) Projected number of connections to be served: Type of connections: (a-g, home, recreational cobin) C.) Water System Planning Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? Types of water system Plan approved by the Washington State Department of Health, Drinking Water System Number: Name of water system: Are you within the service area of an existing water system? YES ON If yes, explain why you are unable to connect to the system: Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES **Trigation** Otal number of acres requested to be irrigated under this application = Otal number of acres requested to be irrigated on your citached map. **Sockwater** ist number and kind of stock: Step proposed Farm Uses		
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B. Municipal Water Systems only		
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B. Municipal Water Systems only (defined under RCW 90.03.01.5)		
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(e.g., home, recreational cabin) (20 year projection) C.) Water System Planning Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division?	Type of connections:	Estimate future population to be served:
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Other Proposed Farm Uses	s the proposed project for a dairy farm? YES	7NO
Describe all proposed uses:	Other Proposed Farm Uses	
	Jescribe all proposed uses:	

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- · Acreage irrigated under water rights acquired after December 8, 1977,
- · Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO
Do you have a controlling interest in a Family Farm Development Permit? YES NO
If yes, enter Permit No:
Section 8. OTHER WATER USES
Hydropower Indicate total feet of head and proposed capacity in kilowatts: Describe works:
Indicate all uses to which power is to be applied:
Mining/Industrial Use Describe use, method of supplying and utilizing water:
Other Use
Section 9. WATER STORAGE
Will you be using a dam, dike, or other structure to retain or store water? YES NO
Are you proposing to store more than 10 acre-feet of water? YES NO
Will the water depth be 10 feet or more? ☐ YES ☑ NO If you answered yes to any of the above questions, please describe:
NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest poin and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.
Section 10. DRIVING DIRECTIONS
Provide detailed driving directions to the project site: Pateros with North on they 97; left owto North 3t; right onto Warren Ave which torns into Watson Draw. Follow Watson Draw to top of hill; orchard is on left. Site Address:

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Charles Simmo Print Name (Applicant or authorized repres		Charle Summer	2 6/26/08 Date
Print Name (Landowner of Place of Use)		Signature	Date
Print Name (Landowner of Place of Use)		Signature	Date
Print Name (Landowner of Place of Use)		Signature	Date
Submit your application to:	DEPARTMEN CASHIERING PO BOX 5128 LACEY WA	Separation of the second separate of	
Please check the region in which Southwest Northwest	ch your proposed Central	l project is located.	

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300 Northwest Regional Office: 425-649-7000 Central Regional Office: 509-575-2490 Eastern Regional Office: 509-329-3400